

Please read Agency Disclosure Notice, Privacy Act Statement, and Instructions prior to completing this form.

| MARK HERE FOR CIVILIAN OR CONTRACTOR PRE-ELIGIBILITY → | | APPLICATION FOR DEPARTMENT OF DEFENSE COMMON ACCESS CARD DEERS ENROLLMENT | | | | OMB No. 0704-0415 OMB approval expires Apr 30, 2007 | |
|--|---|--|------------------------------|---|-------------|---|------------------------------|
| SECTION I EMPLOYER INFORMATION | 1. NAME (Last, First, Middle) | | | 2. SEX | 3. SSN | 4. STATUS | 5. ORGANIZATION |
| | 6. PAY GRADE | 7. GEN. CAT | 8. CITIZENSHIP | 9. DATE OF BIRTH (YYYYMMDD) | | 10. PLACE OF BIRTH | 11. LAST UPDATE (YYYYMMDD) |
| | 13. CURRENT RESIDENCE ADDRESS | | | 14. SUPPLEMENTAL ADDRESS INFORMATION | | | |
| | 15. CITY | | 16. STATE | 17. ZIP CODE | 18. COUNTRY | 19. OFFICE E-MAIL ADDRESS | |
| | 20. CITY OF DUTY LOCATION | | 21. STATE OF DUTY LOCATION | 22. COUNTRY OF DUTY LOCATION | | 23. ALTERNATIVE E-MAIL ADDRESS | |
| | 24. SPONSORING OFFICE NAME | | | | | 25. CONTRACT NUMBER | |
| | 26. SPONSORING OFFICE ADDRESS (Street, City, State, ZIP Code) | | | | | 27. SPONSORING OFFICE TELEPHONE NUMBER | |
| | 28. SUPPLEMENTAL ADDRESS INFORMATION | | | | | 29. OVERSEAS ASSIGNMENT (Country) | |
| | 30. OVERSEAS ASSIGNMENT BEGIN DATE (YYYYMMDD) | | | 31. OVERSEAS ASSIGNMENT END DATE (YYYYMMDD) | | 32. TYPE OF CARD ISSUED | |
| | 33. ELIG ST/EF DATE (YYYYMMDD) | | | 34. CARD EXPIRATION DATE (YYYYMMDD) | | 35. SUPPLEMENTAL ASSIGNMENT INFORMATION | |
| SECTION II EMPLOYEE DECLARATION AND REMARKS | 36. REMARKS (Cite legal documentation, as applicable.) | | | | | | NOTARY SIGNATURE AND SEAL |
| | I certify the information provided in connection with the eligibility requirements of this form is true and accurate to the best of my knowledge. (If not signed in the presence of the authorizing/verifying official, the signature must be notarized.) | | | | | | |
| | 37. SIGNATURE | | | | | | 38. DATE SIGNED (YYYYMMDD) |
| SECTION III AUTHORIZED/VERIFIED BY | I certify the individual identified above, based on personal knowledge and available documentation, is in a status eligible for and requires a CAC in the performance of their duties with the Uniformed Services. | | | | | | |
| | 39. TYPED NAME (Last, First, Middle) | | | 40. UNIT/ORGANIZATION NAME | | | |
| | 41. TITLE | 42. PAY GRADE | 43. DUTY PHONE NO. | 44. UNIT/ORGANIZATION ADDRESS (Street, City, State, ZIP Code) | | | |
| | 45. SIGNATURE | | 46. DATE VERIFIED (YYYYMMDD) | | | | |
| SECTION IV ISSUED BY | 47. TYPED NAME (Last, First, Middle) | | | 48. PAY GRADE | | 49. UNIT/COMMAND NAME | |
| | 50. TITLE | 51. UIC | 52. DUTY PHONE NO. | 53. UNIT/COMMAND ADDRESS (Street, City, State, ZIP Code) | | | |
| | 54. SIGNATURE | | 55. DATE ISSUED (YYYYMMDD) | | | | |
| | | | | | | | |
| SECTION V RECEIPT | RECEIPT OF NEW CARD IS ACKNOWLEDGED | | | | | | |
| | 56. SIGNATURE | | | | | | 57. DATE ISSUED (YYYYMMDD) |